

Summary Form
Collective Bargaining Agreement
Public Sector/Non - Police & Non-Fire
(b) to be submitted with negotiated contracts to PERC)

Public Employer	<u>Jackson Board of Education</u>		County	<u>Ocean</u>
Employee Organization	Jackson Township Administrators Association		Employees in Unit	<input type="text" value="34"/> From Scattergram
Base Year Contract Term	<input type="text" value="7/1/2012"/>	to	<input type="text" value="6/30/2015"/>	New Contract Term: <input type="text" value="7/1/2015"/> to <input type="text" value="6/30/2018"/>
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Settlement <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation			

Section II: Economic

Item 1	Salary including Increment
Item 2	Longevity
Item 3	Health Benefit Waiver
Item 4	
Item 5	
Item 6	

Column A (Signed off Year)	Column B (1st year of new contract)
4,603,773	4,732,667
22,500	22,500
31,922	23,941
\$ 4,658,194.80	\$ 4,779,108.35

Section III Totals

Section IV Analysis of new successor agreement

Total Base Year (previous agreement)	<input type="text" value="\$ 4,603,773.00"/>
Effective Date	<input type="text" value="7/1/2015"/>
Percent Increase	<input type="text" value="2.8%"/>
Total Cost of Increase	<input type="text" value="128,910"/>
Total Base salary (successor agreement)	<input type="text" value="\$ 4,732,683"/>

<input type="text" value="7/1/2016"/>	<input type="text" value="7/1/2017"/>
<input type="text" value="2.8%"/>	<input type="text" value="2.5%"/>
<input type="text" value="132,512"/>	<input type="text" value="121,630"/>
<input type="text" value="\$ 4,865,195"/>	<input type="text" value="\$ 4,986,825"/>

Section V Impact of Settlement - Average annual increase over term of agreement

Percentage impact (average per year over term of agreement)

Dollar Impact (average per year over term of agreement)

<input type="text" value="2.70%"/>
<input type="text" value="\$ 127,684"/>

Section VI Health Insurance (Indicate costs associated on each line)

Cost of Health Plan
Employee Contribution
Prescription
Dental
Vision

Base Year	Year 1
456,716	511,236
(165,141)	(223,901)
107,481	100,722
25,794	25,911
8,961	8,790